

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL				
3235-0076				
May 31, 2005				
Estimated average burden				
hours per response 16.00				

SEC USE	ONLY
Prefix	Serial
DATE REC	EIVED
	1

Name of Offering (check if this is an amendment and name has changed, and i Senior Subordinated Notes and Common Stock Purchase Warrants	ndicate change.)
	FRUCESCE -
Filing Under (Check box(es) that apply): ☐ Rule 504 ☐ Rule 505 ☒ Rule 506	Section 4(6) ULUE
Type of Filing: New Filing Amendment	0070
A. BASIC IDENTIFICATION	NDATA UCI U 6 2004
1. Enter the information requested about the issuer	D
Name of Issuer (check if this is an amendment and name has changed, and indica	te change.) HOMSON
Langer, Inc.	FINANCIAL
Address of Executive Offices (Number and Street, City, State, Zip Cod	e) Telephone Number (Including Area Code)
450 Commack Road, Deer Park, NY 11729-4510	(631) 667-1200
Address of Principal Business Operations (Number and Street, City, State, Zip Cod	e) Telephone Number (Including Area Code)
(if different from Executive Offices)	
Brief Description of Business	
Orthotics products company specializing in quality foot and gait-related biomecl	nanical products.
Type of Business Organization	
orporation limited partnership, already formed	other (please specify):
business trust limited partnership, to be formed	a - Col
Month Year	
Actual or Estimated Date of Incorporation or Organization: 0 8 7 1	Actual Estimated
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service at	obreviation for State:
CN for Canada; FN for other foreign	

GENERAL INSTRUCTIONS

Federal

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

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Enter the information requested for the following: 2. Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer □ Director General and/or Managing Partner Full Name (Last name first, if individual) Langer Partners LLC Business or Residence Address (Number and Street, City, State, Zip Code) c/o Kanders & Company, Inc. 1 Landmark Square, Stamford, CT 06901 Check Box(es) that Apply: Promoter Beneficial Owner ■ Executive Officer □ Director General and/or Managing Partner Full Name (Last name first, if individual) Andrew H. Meyers Business or Residence Address (Number and Street, City, State, Zip Code) c/o Langer, Inc. 450 Commack Road, Deer Park, NY 11729-4510 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer □ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Gregory R. Nelson Business or Residence Address (Number and Street, City, State, Zip Code) c/o Langer, Inc. 450 Commack Road, Deer Park, NY 11729-4510 Beneficial Owner ☐ Executive Officer □ Director General and/or Check Box(es) that Apply: Promoter Managing Partner Full Name (Last name first, if individual) Burtt R. Ehrlich Business or Residence Address (Number and Street, City, State, Zip Code) c/o Langer, Inc. 450 Commack Road, Deer Park, NY 11729-4510 Check Box(es) that Apply: Promoter Beneficial Owner ☐ Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Arthur Goldstein Business or Residence Address (Number and Street, City, State, Zip Code) c/o Langer, Inc. 450 Commack Road, Deer Park, NY 11729-4510 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer □ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Jonathan R. Foster Business or Residence Address (Number and Street, City, State, Zip Code) c/o Langer, Inc. 450 Commack Road, Deer Park, NY 11729-4510 □ Executive Officer General and/or Beneficial Owner Director Managing Partner Full Name (Last name first, if individual) Steven Goldstein Business or Residence Address (Number and Street, City, State, Zip Code) c/o Langer, Inc., 450 Commack Road, Deer Park, NY 11729-4510

BASIC IDENTIFICATION DATA

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
 - Each promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
 - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and

 Each general and 	managing partne	er of partnership issuers.			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, Joseph P. Ciavarella	, if individual)				
Business or Residence Add c/o Langer, Inc., 450 Com			•		
Check Box(es) that Apply:		Beneficial Owner	Executive Officer	to the same of the	General and/or

Joseph P. Ciavarella	,			
Business or Residence Address (Numb c/o Langer, Inc., 450 Commack Road,	• • • • • • • • • • • • • • • • • • • •	,		
Check Box(es) that Apply: Promot	er 🔲 Beneficial Owner	Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, if individual				
Business or Residence Address (Numb	per and Street, City, State, Zip	Code)		
Check Box(es) that Apply: Promot	er Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individua	1)			
Business or Residence Address (Numl	ber and Street, City, State, Zij	p Code)		
Check Box(es) that Apply: Promot	er Beneficial Owner	Executive Officer	Director	☐ General and/or Managing Partner
Full Name (Last name first, if individua	J)			
Business or Residence Address (Num	ber and Street, City, State, Zi	p Code)		
Check Box(es) that Apply: Promot	ter Beneficial Owner	Executive Officer	Director	☐ General and/or Managing Partner
Full Name (Last name first, if individua	d)			
Business or Residence Address (Num	ber and Street, City, State, Zi	p Code)		
Check Box(es) that Apply: Promo	ter Beneficial Owner	Executive Officer	Director	☐ General and/or Managing Partner
Full Name (Last name first, if individua	u)			
Business or Residence Address (Num	ber and Street, City, State, Zi	p Code)		
Check Box(es) that Apply: Promo	ter Beneficial Owner	Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individua	al)			
Business or Residence Address (Num	iber and Street, City, State, Zi	ip Code)		

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

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				B. IN	FORMAT	ION ABOU	T OFFER	ING			1 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
1. Has the i	ssuer sold,	or does the	issuer inten	d to sell, to	non-accre	dited investo	rs in this o	ffering?			Yes	No
			Answe	r also in Ap	pendix, C	olumn 2, if f	iling under	ULOE.				\boxtimes
2. What is the minimum investment that will be accepted from any individual?								\$ <u>no min</u>	<u>imum</u>			
3. Does the	3. Does the offering permit joint ownership of a single unit?									Yes ⊠	No 	
commiss If a pers or states broker o	sion or simi on to be list , list the nate or dealer, yo	lar remuner ted is an ass me of the br u may set fo	ation for so sociated per oker or dea orth the info	olicitation of son or ager ller. If mor	f purchase it of a brol e than five	n or will be ers in connec eer or dealer (5) persons er or dealer o	tion with s registered to be listed	ales of secu with the SE	rities in the C and/or w	offering.		
Full Name (Wm Smith	•	first, if indi	vidual)									
Business or		Address (N	umber and	Street City	State 7im	Codo						
1700 Linco		-		•	, State, Lip	(Code)						
Name of As	ssociated Bi	roker or Dea	ıler									
States in W						rchasers						
(Check "A [AL]	All States" o [AK]	r check indi	vidual Stat	es) [CA]	[CO]	Y ICTI	(DE)					All States
[IL]	[N]	[IA]	[KS]	[KY]	[LA]	X [CT] [ME]	[DE] [MD]	[DC] [MA]	[FL] [MI]	[GA] [MN]	[HI] [MS]	[ID] [MO]
[MT]	[NE]	[NV]	[NH]	[ил]	[NM]	X [NY]	[NC]	[ND]	[NI]	[OK]	(OR)	X [PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[wv]	[wi]	[WY]	[PR]
Business o	(Last name			Street, City	, State, Zip	Code)						<u></u>
Name of A	ssociated B	roker or De	aler				-					
	hich Person							·····	· · · · · · · · · · · · · · · · · · ·			
`				•								All States
[AL] [IL]	[AK] [IN]	[AZ] [IA]	[AR] [KS]	[CA] [KY]	[CO] [LA]	(CT) [ME]	[DE] [MD]	[DC] [MA]	(FL)	[GA]	(MS)	[ID] [MO]
[MT]	[NE]	[NV]	[NH]	[[K]]	[NM]	[NY]	[NC]	[ND]	[MI] [OH]	[MN] [OK]	[MS] [OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[wv]	[wɪ]	[WY]	[PR]
Full Name	(Last name	first, if ind	ividual)									
Dusings	r Residence	Address (A	Jumbar and	Street Cit	Ctata 7	n Codo)						
Business	n Residence	Address (1	vuilibei allu	Succi, City	y, State, Zi	p Code)						
Name of A	Associated E	Broker or De	aler									
	Which Perso											
•	All States"			•			(DE)	וחכז	ret 1		fLIII	All States
[AL] [IL]	[AK] [IN]	[AZ] [IA]	[AR] [KS]	[CA] [KY]	[CO] [LA]	[CT] [ME]	[DE] [MD]	[DC] [MA]	[FL] [MI]	[GA] [MN]	[HI] [MS]	[ID] [MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

	OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND	USE OF PROCEED	OS .
1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box \[\] and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		A
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt 7% Senior Subordinated Notes	\$ <u>5,499,900</u>	\$ 5,499,900
	Equity	. \$	\$
	☐ Common ☐ Preferred		
	Convertible Securities (including warrants) Common Stock Purchase Warrants	. \$ <u>100</u>	<u>\$100</u>
	Partnership Interests	. \$	\$
	Other (Specify)	. \$	\$
	Total	. \$5,500,000	\$5,500,000
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		Aggregate
		Number Investors	Dollar Amount of Purchases
	Accredited Investors	10	\$ <u>5,500,000</u>
	Non-accredited Investors	0	<u>\$0</u>
	Total (for filings under Rule 504 only)	··	\$
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C – Question 1.		
	Type of Offering	Type of Security	Dollar Amount Sold
	Rule 505	···	\$
	Regulation A	···	\$
	Rule 504	•••	\$
	Total		\$
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees	••••••	\$0
	Printing and Engraving Costs	•••••	⋈ \$0
	Legal Fees		№ \$ 0
	Accounting Fees		
	Engineering Fees		SO
	Sales Commissions (specify finders' fees separately)		⋈ \$0
	Other Expenses (identify) Placement Fee		№ \$0
	Total		\$69,000

* 1			
OFFERING	PRICE, NUMBER OF INVESTORS, EXPEN	NSES AND USE OF PROCEEDS	
and total expenses furnished in response	gregate offering price given in response to Part to Part C - Question 4.a. This difference is the	"adjusted gross	\$ <u>5,431,000</u>
the purposes shown. If the amount for any	gross proceeds to the issuer used or proposed to be purpose is not known, furnish an estimate and cherents listed must equal the adjusted gross proceeds above.	ck the box to the	
		Payments to Officers, Directors, & Affiliates	Payments t Others
Salaries and fees		\$	🗆 \$
Purchase of real estate			🗆 \$
Purchase, rental or leasing and installat	ion of machinery and equipment	\$	🗆 \$
Construction or leasing of plant building	gs and facilities	\$	🗆 \$
offering that may be used in exchan	ing the value of securities involved in this ge for the assets or securities of another		🛭 \$4,931,000
Repayment of indebtedness		\$	🗆 \$
			\$500,000
		s	🗆 \$
		· · · · · · · · · · · · · · · · · · ·	<u></u> ⊠ \$5,431,000
Total Payments Listed (column totals a	dded)	S	000
	D. FEDERAL SIGNATUR		
The issuer has duly caused this notice to be constitutes an undertaking by the issuer to	signed by the undersigned duly authorized person furnish to the U.S. Securities and Exchange (dinvestor pursuant to paragraph (b)(2) of Rule 5	on. If this notice is filed under Rule Commission, upon written request	
ssuer (Print or Type)	Signature	Date	
Langer, Inc.	#1/	October 1, 2	004
Name of Signer (Print or Type)	Title of Signer (Print or Type)		
Andrew H. Meyers	President and Chief Executive Offic	er	

ATTENTION

		E. STATE SIC	GNATURE						
1.	Is any party described in 17 CFR 230	0.262 presently subject to any	of the disqualification provisions of such rule?	s No					
		See Appendix, Column	5, for state response.						
2.	The undersigned issuer hereby undersorm D (17 CFR 239.500) at such times.		te administrator of any state in which this notice is filed, a	notice on					
3.	The undersigned issuer hereby under to offerees.	rtakes to furnish to the state a	dministrators, upon written request, information furnished by	the issuer					
4.	The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform Limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.								
	er has read this notification and knows horized person.	s the contents to be true and h	as duly caused this notice to be signed on its behalf by the unde	rsigned					
Issuer (F	Print or Type)	Signature	Date						
Langer,	Inc.		October 1, 2004						
Name (I	Print or Type)	Title (Print or Type)							

President and Chief Executive Officer

Instruction:

Andrew H. Meyers

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed sig